DOCUMENT RESUME

ED 326 770 CG 022 978

AUTHOR Johnson, Michael K.
TITLE The Theoretical and Historical Origins of Community-Based Treatment of Children with Serious Emotional Disorders.
PUB DATE Aug 90
NOTE 9p.; Paper presented at the Annual Convention of the American Psychological Association (98th, Boston, MA, August 10-14, 1990).
PUB TYPE Reports - General (140) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Advocacy; Child Health; Childhood Needs; *Child Welfare; *Community Health Services; *Federal Legislation; Federal Programs; *Mental Health Programs; Policy Formation; Program Administration; Program Descriptions; *Psychiatric Services
IDENTIFIERS Adoption Assistance and Child Welfare Act 1980; Child and Adolescent Service System Program 1984; Education for All Handicapped Children Act; Joint Commission on Mental Health of Children; Juvenile Justice Delinquency Prevention Act 1974

ABSTRACT

In 1969, the Joint Commission on the Mental Health of Children made several recommendations based on the conclusions in their report entitled "Crisis in Child Mental Health: Challenge for the 1970's." These recommendations included formation of a child advocacy system at every level of society; the development of supportive, preventive, and remedial services within communities for any and all who needed them; increased support for research initiatives in children's mental health and related fields; and innovative manpower recruitment systems to alleviate shortages at all levels of the child service system. This document reviews the history of legislation affecting community based mental health treatment for children, both prior to and after the Joint Commission's study. Specific programs and legislation discussed include the Juvenile Justice and Delinquency Prevention Act of 1974 (P.L. 93-415); the Education for All Handicapped Children Act (P.L. 94-142); the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272); and the Child and Adolescent Service System Program (CASSP) of 1984. References are included. (TE)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED326770

The Theoretical and Historical Origins of Community-Based Treatment of Children With Serious Emotional Disorders

Michael K. Johnson, Ph.D.

The Research and Training Center
for Children's Mental Health

Florida Mental Health Institute,
University of South Florida

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Michael K. Johnson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG022978

Paper presented in a symposium entitled Innovative Service Models for Children and Families: Theoretical, and Empirical Support, at the 98th Annual Convention of the American Psychological Association, August 10-14, 1990, Boston, MA.

In 1969, the Joint Commission on the Mental Health of Children issued a report entitled "Crisis in Child Mental Health: Challenge for the 1970's." This report is generally regarded as the first systematic attempt in this country to evaluate the status of mental health services for children. The report concluded that "as of today, the treatment of the mentally ill children in America remains uncertain, variable, and inadequate. This is true on all levels, rich and poor, rural and urban...only a fraction of our young people get the help they need at the time they need it" (Ribicoff, 1969). The commission made several recommendations based on their conclusions. These included: the formation of a child advocacy system at every level of society to safeguard and guarantee the mental health of children, the development of supportive, preventive, and remedial services within communities for any and all who needed them, increased support for research initiatives in children's mental health and related fields, and the development of innovative manpower recruitment initiatives to alleviate shortages at all levels of the child service system.

The need for widespread mental health treatment became evident in the years following WWII with the return of many combat-scarred veterans, POW and concentration camp survivors, and the large number of applicants rejected from the armed forces due to mental, emotional, and intellectual problems. Due to this tremendous influx of persons experiencing serious emotional

problems, many V.A. and state run psychiatric hospitals were built, opened, and quickly filled.

The notion of community-based mental health treatment was born in the deinstitutionalization movement which began to develop in the late 1950's with the introduction of psychotropic medications, and grew during the 60's with the passage of the Community Mental Health Centers Systems Act in 1963. Unfortunately, while there was a great deal of time, energy and passion expended to facilitate the deinstitutionalization and treatment of adults with chronic mental health problems, none of these resources were directed at children. As such, children were largely neglected until the Joint Commission study in 1969.

Weithorn (1988) pointed out that between 1923 and 1974, the placement rate of juveniles into long and short term juvenile correction facilities and the placement rate of children and adolescents into hospital-based or residential treatment facilities increased ninefold and eightfold, respectively. The growing push for the deinstitutionalization of youth, which began with the Joint Commission report of 1970 prompted Congress in 1974 to pass the Juvenile Justice and Delinquency Prevention Act (P.L. 93-415). This legislation mandated the deinstitutionalization of all non-offenders (dependent and neglected children) and status offenders by making state receipt of juvenile justice funding conditional on their removal.

The effect of this legislation was dramatic and swift. From 1974 to 1979, the rate of status offender arrests decreased by about 16%; from 1975 to 1979, the rate of status offender cases processed by juvenile courts decreased by more than 21%; and most dramatically, from 1975 to 1979, the rate at which juvenile courts referred offenders to detention facilities decreased by 68% (Weithorn, 1988).

The education system was also undergoing largescale changes at the same time. In 1975, Congress passed what is probably the most significant, and without a doubt, the most difficult to interpret piece of legislation to affect children's mental health since children's issues began to be studied separately from adults. That is, of course, The Education for All Handicapped Children's Act, Public Law 94-142, which explicitly included the provision of services for children with serious emotional disturbances. The mandates of 94-142 are quite well known, and I will only briefly review these. They state that for each child identified as having a handicapping condition or serious emotional disturbance, an Individualized Education Program (IEP) must be developed detailing specific educational and related services which must be provided. The law further stated that these children must be educated in the least restrictive setting appropriate for their needs, and spells out the due process protections that must be available for children and their parents.

In 1978, with an eye toward refocusing and re-emphasizing a national mental health agenda, The President's Commission on Mental Health was convened, with part of its mission being to re-examine the status of services for children with serious emotional disturbances. The commission echoed many of the findings of its predecessor in 1969, noting that few if any communities provided the volume or continuum of services necessary to meet children's mental health needs. It also recommended that an integrated network of services be developed in communities to meet the needs of youth with serious emotional disturbances.

Public Law 96-272, The Adoption Assistance and Child Welfare Act of 1980 was enacted by Congress, and is regarded as a law with a twofold mission. First, it resulted in a renewed emphasis on strengthening families, and providing services for children in their homes and communities. Second, it provided statutory protection for children by mandating that "reasonable efforts" be made to ensure that children are not unnecessarily removed from their homes, and that parents must be assisted in correcting problems causing removal if it proves necessary.

While P.L. 96-272 provided a framework for state child welfare administrators around which policy and services could be developed, it stopped short of requiring that a continuum of care be in place to serve children and their families, and it did not

define a set of core services that should be available as an alternative (Friedman & Yelton, 1990). In her study for the Children's Defense Fund, Unclaimed Children, Knitzer (1982) pointed out that a serious effort on the part of most states to provide the services mandated but not defined by both P.L. 94-142, and 96-272 was still seriously lacking. She pointed out that many of the services which were available were often inaccessible to those children most in need, that interagency collaboration was sorely lacking, and that the majority of children who did receive some type of services were served in excessively restrictive settings.

The Child and Adolescent Service System Program (CASSP) was initiated in 1984 when Congress appropriated $1.5 million to develop a new program to improve service delivery for children with severe emotional disorders. The original appropriation provided for ten state grants and by 1989 a budget of approximately $10 million funded 47 state projects.

CASSP has developed based upon a philosophy that children and adolescents with serious emotional disorders and their families require a multi-agency approach, that children and their families have a right to receive services which are individually tailored to their specific needs in the least restrictive environment appropriate to their needs, and that families have a right to be involved in all aspects of their child's service

planning and treatment. CASSP strongly encourages interagency coordination and planning, as well as the development of stronger and more diverse mental health components within the larger child service system. CASSP also strives to reinforce policy initiatives which strengthen families, recognizing that an effectively functioning family is in the best interest of a child and our society as a whole.

CASSP continues to supply national leadership and advocacy in the development of federal policy for children's mental health services. Many states are beginning to embrace the CASSP philosophy in the development of their service systems as well. In collaboration with numerous other mental health advocacy groups (i.e. The National Alliance for the Mentally Ill, The Federation of Families for Children's Mental Health, The National Mental Health Association, and Children's Defense Fund, to mention only a few) a Child Mental Health Services Initiative, and A National Plan for Research on Child and Adolescent Mental Disorders have been submitted to Congress in an effort to substantially improve the children's mental health service system in this country.

References

Friedman, R.M.; Yelton, S.W. (1990). Family preservation services: Their role within the children's mental health system. Unpublished Manuscript.

Joint commission on the mental health of children, (1969). Crisis in child mental health: Challenge for the 1970's. New York: Harper and Row.

Knitzer, J. (1982). Unclaimed children: The failure of public responsibility to children and adolescents in need of mental health services. Washington, D.C. Children's Defense Fund.

Ribicoff, A. (1969). Preface. In joint commission on the mental health of children. Crisis in child mental health: Challenge for the 1970's. New York: Harper and Row.

Weithorn, L.A. (1988). Mental hospitalization of troublesome youth: An analysis of skyrocketing admission rates. Stanford Law Review, 40, 773-838.